



TRANSCUTANEOUS CARDIAC PACING

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Unstable Bradycardia - see Protocol Reference #11040 Bradycardias – Adult.
2. Patient eight (8) years of age and younger - not indicated.

PROCEDURE IN SYMPTOMATIC BRADYCARDIA

1. Start at rate of sixty (60) and adjust the output control starting at 0 milli amperes until capture is noted. Assess peripheral pulses and confirm correlation with paced rhythm.
2. Determine lowest threshold response by turning the output control down, until capture is lost, and then turn it back up slightly until capture is noted again. Maintain the output control at this level.
3. Assess peripheral pulses and confirm correlation with paced rhythm. Reassess patient for signs of adequate perfusion
4. Any movement of patient may increase the capture threshold response; the output may have to be adjusted to compensate for loss of capture.
5. With signs of inadequate tissue perfusion, increase rate (**not to exceed 100**) and contact Base Station.
6. Consider Midazolam 1-2mg slow IV push or 1-2mg IN if patient is awake and alert with signs of adequate tissue perfusion.
7. Consider Morphine Sulfate titrate in 1-2mg increments up to 10mg for patient complaint of pain with signs of adequate tissue perfusion.
8. Contact Base Station to advise of patient condition.

PROCEDURE IN ASYSTOLE

1. Start at maximum energy output on the pacing device.
2. Follow above procedures #2 to #4.
3. If pacing is ineffective, contact Base Station and consider termination of resuscitative efforts.

DOCUMENTATION

In the event the receiving physician discovers the device is improperly placed, an Incident Report must be completed by the receiving hospital and forwarded to ICEMA within twenty-four (24) hours of the incident. Forms are available as part of the protocol manual and on the ICEMA website.